CNSF Medical PCO Brief

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Force Surgeon/N01H

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This Brief is **UNCLASSIFIED**

Overview

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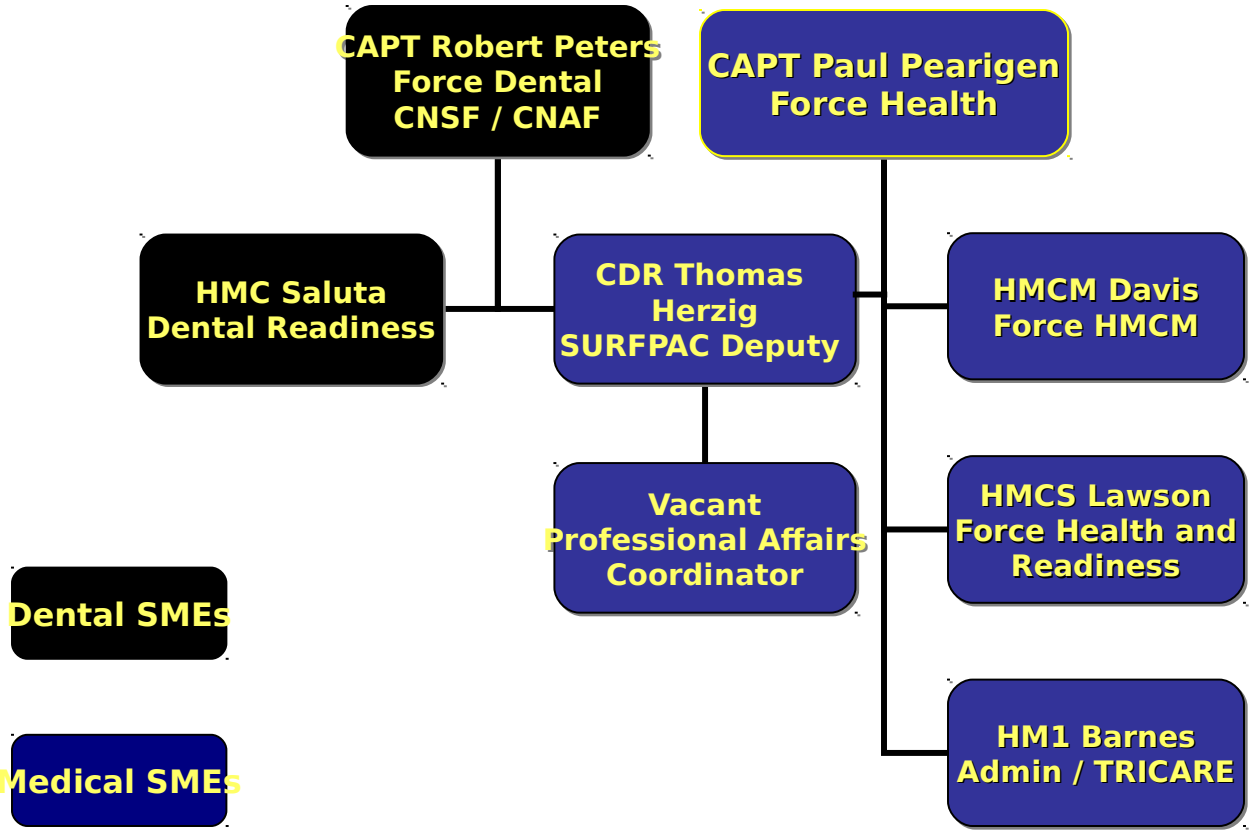
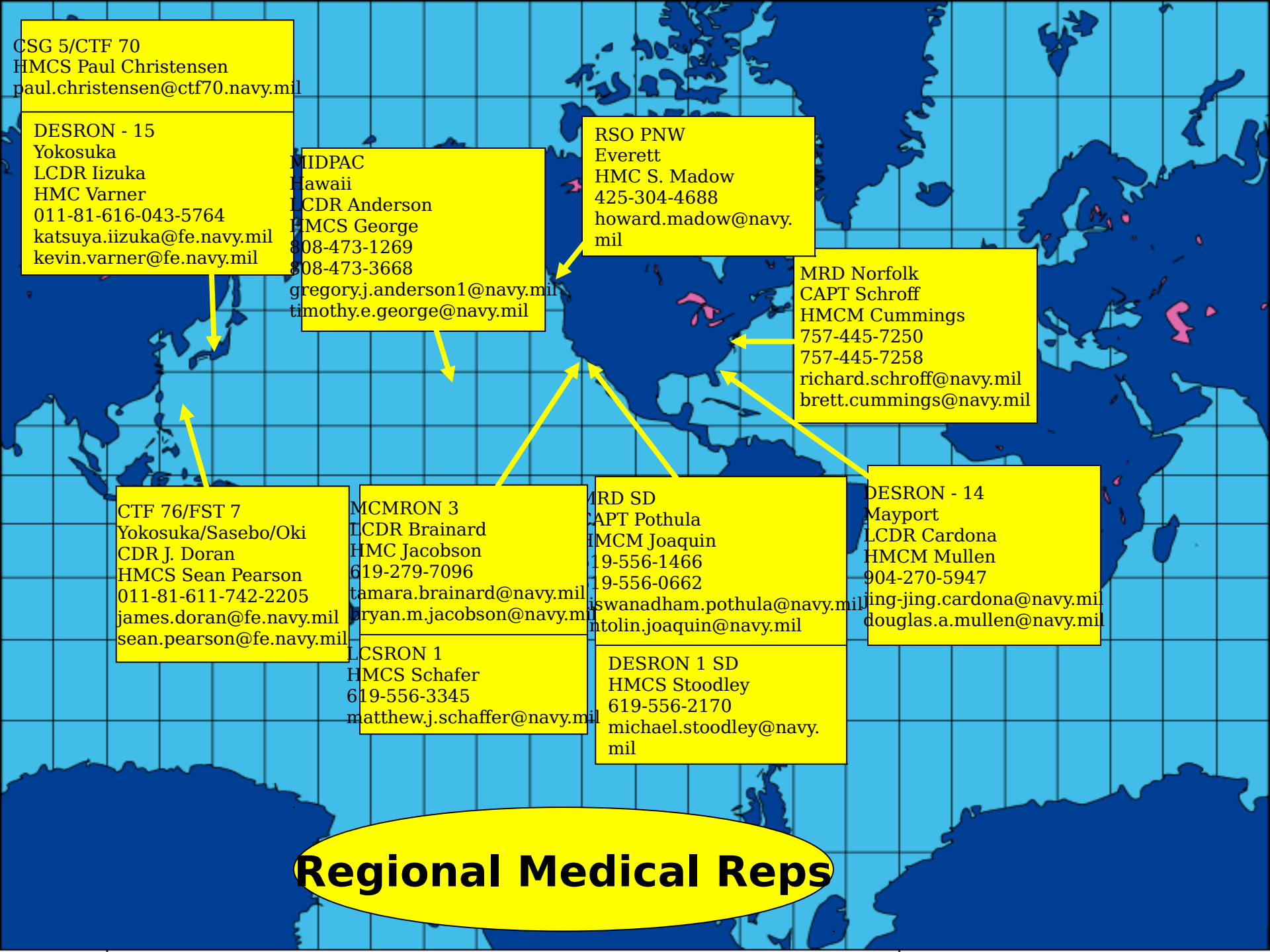
- Role of Force Health
- SURFOR Medical ISICs
- Command Information
- Medical QA
- Medical Supply
- Medical Readiness Inspection
- Required Reports
- Individual Medical Readiness (IMR)
- Periodic Health Assessment (PHA) / Post Deployment Health Assessments (PDHA) / Post Deployment Health Reassessment (PDHRA)
- The Green “H”
- Mental Health
- IA/Deployment
- Pregnancy at Sea Policy
- Competency for Duty Exam
- CBR
- Medical Dental Merger

Force Health Staff



Role of Force Health

- Staff Advisor to COMNAVSURFOR
- Man, train, equip
  - Billet reviews, Medical Officer and IDC coverage/replacement
  - ULT via ATG
  - Yearly AMAL reviews
    - » AMAL Change Request (ACR) available on web (NAVMEDLOGCOM) or email to SURFOR/SURFLANT
- Oversight of all Surface Forces units providing health services
  - Medical Privileging Authority / Quality Assurance for physicians and nurses
  - Program Director for Independent Duty Corpsmen
  - Utilize Regional Medical Representatives to perform day to day oversight
    - » Monthly visits for quality by ISIC docs
    - » Monthly visits for programs by ISIC IDCs
    - » MRIs, TAVs, IMR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Regional Medical Reps

Medical QA

- **Monthly visits by Medical Officer**
  - Record review for patient care
  - Provides training for IDC and Jr HMs
  - Conducts out brief with you on quality of care provided
  - Submits Quarterly Health Care Performance Assessment and Improvement (PA&I) to Force Surgeon
- **Monthly visit by IDC**
  - Reviews medical readiness and programs using MRI checklist
  - Provides training for IDC and Jr HMs
  - Available to conduct out brief with you on status of programs and readiness
- **Credentials, adverse actions, IDC DFC/NEC removal**
  - CNSF Force Surgeon is privileging authority; coordination with CO

Medical Supply

- **Authorized Medical Allowance List (AMAL) - the <u>minimum</u> requirement of med supplies to maintain onboard**
- **Designed to meet the specific command mission and the level of expertise onboard**
- **Official AMAL review by Force Medical conducted with NAVMEDLOGCOM every 18 months**
- **AMALs constantly reviewed throughout year for various changes, new updates published monthly on NMLC website.**
- **Emergency AMALs – critical item to be maintained at 100% (BDS, MCB, MORK, IDCRK, JR HM Bag, Crash Carts)**
- **Shelf Life Extension Program (SLEP)**
- **Shipboard Equipment Replacement Program (SERP)**
- **Controlled Substances**

Medical Readiness Inspection

- Conducted by TYCOM Medical Representatives IAW COMNAVSURFORINST 6000.1 and 6000.2 series
- Required every 18 months or no later than 90 days before deployment
- MRI topics for review (6):
  - Administration & Training (SAMS, IMR, logs/reports)
  - Supplies & Equip (>90%)
  - Emergency Medical Preparedness (100%)
  - Ancillary services (Lab, X-ray, Pharmacy + Blood Bank, ORs for CRTS)
  - Environmental Health (Water, DERAT, sanitation) + Health maintenance (Immunizations, PHA)
  - Occupational Health (IH, Asbestos, MSDS, hearing / sight conservation)
- Results - C1 and C2 are deployable
  - C-1 Fully ready (>90%)
  - C-2 Substantially ready (>80%)
  - C-3 Marginally ready (>70%)
  - C-4 Not ready (<69%)
- Documentation of inspection results forwarded by inspectors and maintained on file at CNSF
- TAV may be requested by CO at any time (not less than 90 days prior to MRI)

Required Reports

- **Disease Non-Battle Injury (DNBI)**
  - **Submitted weekly to EPMU via NIPR e-mail**
- **Defense Eligibility Enrollment Reporting System (DEERS)**
  - **Submitted daily via SAMS Communicator upload to Navy Medicine Online (NMO)**
- **Individual Medical Readiness (IMR)**
  - **Submitted daily via SAMS Communicator upload to Navy Medicine Online (NMO)**
- **Anthrax Report**
  - **Submitted monthly to MILVAX via NIPR e-mail**

Individual Medical Readiness

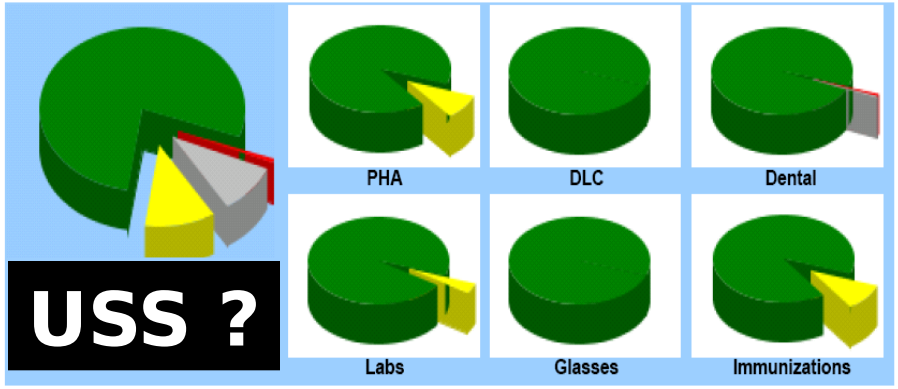
- **Individual Medical Readiness (IMR) required to upload via SAMS Communicator to Navy Medicine Online (NMO) website once a week**
  - **recommended daily upload if activity**
- **Provides a snapshot of medical readiness**
- **Data is reviewed by TYCOM, USFFC, BUMED and CNO**
- **Constantly updated with SAMS Communicator**
  - **Allows continuous data feed of IMR information to NMO as allowed by connectivity. Will upload after connectivity is restored if disrupted.**

IMR

- **Medical readiness elements**
  - **PHA**
  - **Deployment limiting conditions**
  - **Dental readiness**
  - **Laboratory studies**
  - **Individual medical equipment**
  - **Immunizations**

Six Components of Medical Readiness
Periodic Health Assessment (PHA) – Full Physical, & annual Preventive Health Assessment.
Deployment Limiting Conditons (DLC) – Medical or dental conditions that preclude deployment until resolved.
Dental Readiness – Determines overall dental fitness.
Readiness Laboratory Studies – Blood type, DNA, G6PD, Sickle Cell Trait, & HIV.
Individual Medical Equipment – 2 pairs of glasses, gas mask inserts, hearing protection.
Immunization Readiness – Mandatory vaccines for the prevention of infectious diseases. (Hep A, MMR, Td, IPV & Yellow Fever)

Levels of Medical Readiness
Fully Medically Ready - current in all categories including dental class 1 or 2.
Partially Medically Ready – lacking only immunizations, readiness laboratory studies, or medical equipment.
Not Medically Ready – deployment limiting condition (including hospitalized or convalescing from serious illness/injury), or dental class 3.
Readiness Indeterminate – inability to determine health status because of missing information.



IMR Elements	Fully Ready	Partially Ready	Indeterminate	Not Ready
Overall Readiness	287 (78%)	41 (11%)	36 (10%)	3 (1%)
Periodic Health Assessment	333 (91%)	N.A.	34 (9%)	
Deployment Limiting Conditons	367 (100%)	N.A.	N.A.	0 (0%)
Dental Readiness DHI:204 (56%)	ODR: 362 (99%)	N.A.	2 (1%)	3 (1%)
Readiness Laboratory Studies	353 (96%)	14 (4%)	N.A.	N.A.
Individual Medical Equipment	367 (100%)	0 (0%)	N.A.	N.A.
Immunization Readiness	330 (90%)	37 (10%)	N.A.	N.A.

Medical Readiness IMR – BOL View

Name:	
UIC:	
Report Date:	

IMR Status = Fully Medically Ready

Printer Friendly

PHA and Readiness Labs

Element	Date	Next Due
PHA	15-Oct-10	15-Oct-11
Blood Type	On File	N/A
G6PD	21-Apr-06	N/A
DNA Verified on File	28-Jan-04	N/A
HIV Compliance	15-Oct-10	15-Oct-12

Dental Readiness

Element	Exam Date	Class	Next Due
Dental	19-Apr-11	2	01-Jun-12

Medical Equipment

Type	Date
Gas Mask Inserts	N/A
Medical Warning Tag	21-Apr-06
Glasses	N/A

Deployment Limiting Conditions

Condition	Date
N/A	

Post Deployment Health Assessments

Type	Date	Next Due
Post-Deploy(2796)	09-Feb-04	N/A
PDHRA(2900)		

Immunizations

Type	Series	Required	Date Given	Next Due
FLU - Influenza		Y	10-Sep-10	01-Sep-11
HEPA - Hepatitis A	2	Y	01-Aug-97	
HEPB - Hepatitis B	3	Y	30-Apr-08	
MMR - Measles, Mumps, & Rubella		Y	13-Jul-90	
POLIO		Y	27-Apr-62	
TETA - Tetanus		Y	01-Sep-10	29-Aug-20
ADNV - Adenovirus		N		
ANTHX - Anthrax	5	N	09-Sep-04	
CHOL - Cholera		N		
H1N1		N	10-Sep-10	
JEV - Japanese Encephalitis		N		
MGC - Meningococcal		N	30-Jul-02	
PNEUM - Pneumococcal		N	30-Jul-02	
RABIE - Rabies		N		
SPOX - Smallpox		N		
TwinRx - Combination Hepatitis A and B		N		
TYPH - Typhoid	01	N	30-Jul-02	
VARIC - Varicella		N		
YLWFV – Yellow Fever		N	19-Oct-02	

Tuberculin Skin Test

Date TST Placed	Date TST Read	Next Due	Reactor	TB Questionnaire Date
15-Oct-10	18-Oct-10		N	N/A

Periodic Health Assessment (PHA)

- Periodic 5 year physical examinations are no longer required except for special duty (e.g. diving, flight), replaced by annual PHA (OPNAVINST 6120.3 series)
- Part of IMR
- Required to be completed for participation in all PFAs per OPNAVINST 6110.1 series.
- Elements
  - Health and Dental Record Review
  - Health Promotion Counseling
    - » Preventive Services Recommendations, e.g. immunizations
  - Problem-Focused Physical Examination
    - » Lab, X-rays or specialist evaluation as needed

Post Deployment Health Assessment

- **Post Deployment Health Assessment is to be completed upon return under one or more of the following conditions:**
  - **Deployment ashore of more than 30 days with duties involving outside the continental United States operations without a fixed U.S. Military Treatment Facility (MTF).**
  - **Individual and unit deployments to Central Command Area of Responsibility (AOR) or other areas designated by appropriate authority.**
  - ***Commander exercising operational control (regardless* of deployment area, duration, or MTF support) determines a health threat exists (e.g., a deployed ship conducts operations that may expose service members to contaminants, disease, or traumatic events).**
- **Post Deployment Health Reassessment (PDHRA) done 3 to 6 months after stateside return.**
- **Need to make sure IA coordinators/ N1 are tracking, not just your own IAs but personnel transferring in as they may have been deployed prior to arrival at your command. Recommend this is added to command check-in.**
- **Done electronically (ePDHRA) and can be verified by your Medical via MRRS database.**

THE GREEN "H"

- **CNSF annual award – calendar year**
- **Designated as a Command Efficiency Award and incorporated into the SFTM**
- **<u>Command</u> support of Health Promotion and Wellness**
- **Criteria - must demonstrate active programs:**
  - **Individual Medical Readiness**
  - **Health Promotion committee members and goals**
  - **Physical Readiness Program**
  - **Crew Training**
  - **Tobacco cessation**
  - **Health and Wellness culture**
- **Self score sheet available within CNSP/CNSL INST 6100.1**
- **Documents what you should already be doing**

Mental Health

- **Compliance with DODD 6490.1 and SECNAVINST 6320.24 series**
  - **Mental Health Evaluations of Members of the Armed Forces**
- **Suicide Related Behavior (SRB)**
  - **Emergent Mental Health referral**
- **Personality Disorder**
  - **Admin Separation is possible**
- **Medications**
  - **OPNAVINST 3591.1F (next page)**
- **Resources available to the command**
  - **Chaplain, Medical, Family One Source, Fleet and Family Service Center, TRICARE providers**

OPNAV 3591.1F dtd 12 Aug 09

- **Weapons and/or ammunition shall not be issued to any individual with a psychiatric diagnosis for which medication is necessary, <u>unless</u> recommended for a waiver as outlined below.**

I. Psychiatric conditions requiring medication with a Selective Serotonin Reuptake Inhibitor (SSRI) that have been <u>determined to be stable by the prescribing</u> provider shall normally be recommended for a waiver by that provider.

II. Psychiatric conditions requiring medications other than an SSRI may be recommended for a waiver on a case by case basis through referral to a psychiatrist.

- **Small arms waiver and exceptions may be granted by the svmbr's CO.**
- **Waiver should contain specific diagnosis and medications**
  I. Waiver will be valid for a period of 12 months only
  II. Waivers will **NOT** be recommended for diagnosis of psychosis or bipolar disorders

Mental Health Evaluations

- **Non-emergency mental health evaluation (MHE) - when practicable, consult with a mental health care provider prior to referring a service member for an MHE. If a mental health care provider is unavailable, the CO shall consult with a physician or the senior privileged non-physician provider present (Physician Assistant, Nurse Practitioner or IDC).**
- **For non-emergency referrals, the CO shall forward to the CO of the medical treatment facility (MTF) or OIC of the clinic, a letter formally requesting an MHE. (examples are found in the SECNAVINST 6320.24A)**
- **The service members CO will provide him/her with a written memorandum containing the reason for the referral and a statement of their rights at least TWO full business days in advance of the MHE appointment.**
- **Service members shall acknowledge having been advised of the reasons for the mental health referral and acknowledge having been advised of their rights by signing the letters. If service members refuse to sign, the CO shall note the refusals on the letters, in addition to any reasons service members may have given for not signing.**
- **Copies of the signed letter shall be provided to the service member and to the mental health care provider who will conduct the evaluation.**

Mental Health Evaluations (Cont.)

- **Most Common Procedural Errors:**
  - **CO does not consult with a mental health care provider before the referral.**
  - **CO does not forward a memo to the MTF CO or Clinic OIC formally requesting an MHE before the referral.**
  - **CO does not provide the service member with a letter stating the reason for the referral and a statement of rights 2 FULL business days before the referral.**
  - **CO coerces or strongly recommends that the member get an MHE.**
  - **Someone other than the CO referred the member for an MHE.**

- **Emergent MHE – when the CO makes a clear and reasoned judgment the service member's situation constitutes an emergency, the CO'S first priority shall be to protect the service member and others from harm.**

- **The service member's CO will provide the service member (as soon as practicable) with a written memorandum documenting the circumstances and observations of the service member that led to the CO's decision to refer the service member on an emergency basis.**

Suicide Prevention

- **OPNAVINST 1720.4 series -SUICIDE PREVENTION PROGRAM**
- **SECNAVINST 6320.24 - MENTAL HEALTH EVALUATION OF MEMBERS OF THE ARMED FORCES.**
- **All suicidal ideations and gestures will be taken seriously. Escort member to a credentialed health care provider for an evaluation and disposition.**
- **Command Suicide Prevention Program will be reviewed during Command Readiness Assist Visit (CRAV).**
- **SITREPs will be titled “Suicide Related Behavior”**
- **Every command required to have Suicide Prevention Coordinator designated in writing per the OPNAVINST 1720.4.**
- **RPCS Hoffman, Force SPC**
  - **randall.w.hoffman@navy.mil**

Pregnancy at Sea Policy

- **Members shall not remain onboard beyond their 20th week.**
- **Emergent OB care must be available within six hours travel time**
- **To get replacement:**
  - **Ensure enlisted availability report includes the date the pregnant woman will be in her 20th week, the date replacement required, and date of deployment**
  - **The sooner member transfers, the sooner the billet will be advertised on CMS**

Refs: OPNAVINST 6000.1 series, MILPERS 1360-306

Competency for Duty Exam

- **<u>Clinical assessment sufficient</u> for competency for duty exams**
- **Requires pre-incident coordination between Medical and MAA**
- **Blood alcohol not recommended**
- **Ref - BUMEDINST 6120.20 series**

CBR - BW Detection

- All ships have Biological Detection Units (BDUs) and Hand Held Assays (HHA), air sampling and presumptive testing for suspected BW agent
- LHA/D and CVNs have capability to complete confirmatory testing
  - PCR machine completes DNA analysis
  - Special transferring procedures from one platform to the large decks and for shipping to CONUS for definitive testing
  - JBAIDS is online for use

CBR - Anthrax Vaccine

- **Required for deployment to CENTCOM AOR**
  - **NAVADMIN 068 - 121652Z MAR 07**
  - **COMSEVENTHFLT msg 160424Z JUN07 all ships entering C7F AOR to have minimum (initial three shot series)**
- **Per Under Secretary of Defense, Sept 10, 2007 Memorandum, authorization to order Anthrax may begin 120 days prior to the scheduled departure date**
- **Every Service member must receive a trifold pamphlet before receiving receive the vaccination**
  - **This must be documented on a training roster**
- **Complete overview and education material is on www.anthrax.mil**
- **COs open a MILVAX account to approve Anthrax order**
- **New vaccine/series eliminates one of the basic shots, still needs annual booster**

Medical Dental Merger

- HMs/DTs have merged
- Single LCPO for Med / Den
- Merged – training, duty, etc.
- Separate - OPTARs, 3-M, etc.
- Dept Heads can be separate or merged – CO’s discretion

Questions

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